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Hon. Glenn T. Suddaby
James T. Foley U.S. Courthouse
P.O. Box 7367
Syracuse, NY 13261-7367

September 21, 2021

In Re: **Vira Tiffiany Hope, et al. v. Connie Kieltyka, C.N.M., et. al.**
Civil Action No. 1:21-cv-00691-GTS-ML

Dear Judge Suddaby:

We are writing with regards to the above case to inform the Court that the infant plaintiff K.A.H. passed away on August 14, 2021. Enclosed please find a copy of the child's death certificate, which we recently obtained.

We have begun the process of obtaining Letters of Administration for Vira Hope and are working on obtaining the documents necessary to apply to the Surrogate's Court for such letters so that she can be the representative plaintiff for the Estate of K.A.H. and so we can continue the litigation, further amend the Complaint, and continue providing authorizations. The parties will likely need an extension of discovery while we work on obtaining the Letters.

Please contact me if the Court has any questions or requires any additional information.

Respectfully submitted,



By:

Christopher M. Nyberg
The Jacob D. Fuchsberg Law Firm
3 Park Avenue, 37th Floor
New York, NY 10016

Bar Roll No. 520026

CC: Carol Poles (via ECF)
Cathleen B. Clark (via ECF)
Kathryn Collins (via ECF)

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

966766
I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

7448909

1. Legal Name First <u>K</u> Middle <u>A</u> Last <u>H</u> Suffix		2. Death Date August 14, 2021	
3. Sex Female	4. Age 1 years	5. Social Security Number <u>[REDACTED]</u>	6. County of Death Klamath
7. Birthdate <u>[REDACTED]</u>	8. Birthplace Kingston, New York		9. Decedent's Education 8th grade or less
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) Black or African American	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 4330 Arthur Street		14. City/Town Klamath Falls	
15. Residence County Klamath	16. State or Foreign Country Oregon	17. Zip Code + 4 97603	18. Inside City Limits? No
19. Marital Status at Time of Death Never married		20. Spouse's Name Prior to First Marriage	
21. Usual Occupation Child		22. Kind of Business/Industry Child	
23. Father's Name Kyle Thomas Keith Jr.		24. Mother's Name Prior to First Marriage Vira Tiffany Hope	
25. Informant's Name Vira Tiffany Hope	26. Telephone Number Not Available	27. Relationship to Decedent Mother	28. Mailing Address 4330 Arthur Street, Klamath Falls, OR 97603
29. Place of Death Hospital-Emergency Room/Outpatient		30. Facility Name Sky Lakes Medical Center	
31. Location of Death 2865 Daggett Avenue		32. City/Town or Location of Death Klamath Falls	33. State Oregon
35. Method of Disposition Cremation		36. Place of Disposition Pyramid Cremations	37. Location Klamath Falls, Oregon
38. Name and Complete Address of Funeral Facility O'Hair - Wards Funeral Chapel 515 Pine Street, Klamath Falls, Oregon 97601			
39. Date of Disposition TBD	40. Funeral Director's Signature Gary J Mueller		41. OR License Number FS-0588
42. Registrar's Signature Cindy Rodgers	43. Date Received 8-24-21	44. Local File Number 21-097	
45. Amendment			
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
49. Time of Death 7:38pm		CAUSE OF DEATH	
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			Approximate Interval: Onset to Death
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).			
a. IMMEDIATE CAUSE ↓ Cardiac Arrest			
b. Due to (or as a consequence of) ↓			
c. Due to (or as a consequence of) ↓			
d. Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: CP			
52. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		55. Date of Injury (MON DD YYYY)	
56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)			
60. Describe how injury occurred		61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) John Seidner 2865 Daggett Ave, Klamath Falls, OR 97601			
63. Name and Title of Attending Physician if Other than Certifier N/A			
64. Title of Certifier MD		65. License Number MD 126283	66. Date Signed (MON DD YYYY) 8/19/21
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [Signature]		68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
69. Amendment			

DATE ISSUED:

AUG 24 2021

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE